



August 9, 2019

Mr. Mark Gellert
Executive Director
WELL BL OPCO, LLC
525 Fellowship Road, Suite 360
Mount Laurel, New Jersey 08054

RE: Brandywine Senior Living at Haverford
Estates
License #: 144330

Dear Mr. Gellert:

As a result of the Department's Bureau of Human Services Licensing inspection on May 29, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Ayus Adelanwa", with a long horizontal line extending to the left.

Ayus Adelanwa
Workload Manager

Enclosure
Violation Report

Violation Report

Facility Information

Name: BRANDYWINE SENIOR LIVING AT HAVERFORD ESTATES
Address: 731 OLD BUCK LANE, HAVERFORD, PA 19041
County: DELAWARE **Region:** SOUTHEAST

License Number: 144330

Administrator

Name: Ian Monteith **Phone:** 6105271800 **Email:** IMONTEITH@BRANDYCARE.COM

Legal Entity

Name: WELL BL OPCO LLC
Address: 525 FELLOWSHIP ROAD, SUITE 360, MOUNT LAUREL, NJ 08054

Certificate(s) of Occupancy

Type: C-2 LP **Date:** **Issued By:**

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 122 **Waking Staff:** 92

Inspection

Type: Partial **BHA Docket #:** **Notice:** Unannounced
Reason: Complaint

Inspection Dates and Department Representative

05/29/2019 - On-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 118 **Residents Served:** 66

Secured Dementia Care Unit

In Home: Yes **Area:** Reflections **Capacity:** 28 **Residents Served:** 16

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 65
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 56 **Have Physical Disability:** 1

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

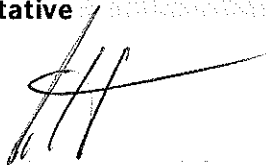
On 11/11/2018, resident #1 was found in her bedroom with a laceration on her head. She was sent out via 911 and returned with two staples in the back of her head. The home did not report this incident to the department.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Please see attached.

Legal Entity Representative



Signature

Ian Monteith ED
Printed Name and Title

7/15/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/25/19
(Date)

Plan of correction implementation status as of 7/25/19
(Date)

The above plan of correction was approved by AAA
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

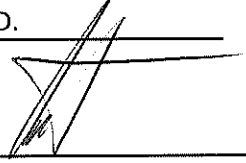
Brandywine Living

Plan of Correction

Name of Community: Brandywine - Haverford Estates
Address: 731 Old Buck Lane, Haverford PA 19041
License Number: 144330
Inspection date(s): 29-May-19

Name and Title of Brandywine representative Signing the Plan of Correction:

Ian Monteith E.D.



Signature of Representative:

Date of Submission:

7/15/2019

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
16c	Immediate	All incidents regarding serious bodily injury or trauma requiring treatment at a hospital or medical facility will have a DHS report completed for all residents.
	7/12/2019	All managers and Wellness Nurses will attend an in-service reviewing reporting requirements.
	7/12/2019	Wellness supervisor, Executive Director, or shift supervisor, will check daily nursing notes to ensure all reportable requirements Have been met. This policy will be indefinite.
	10/18/2019	Trainings and policies to be reviewed at quarterly Quality Improvement meetings.

23b - Instrumental Activities of Daily Living Assistance

Regulations

2600.

23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for resident #1, dated 08/01/2018, indicates the resident requires regular supervision due to her exit seeking behavior. On 08/06/2018, the resident was seen outside on the driveway unattended.

Plan of Correction (POC)

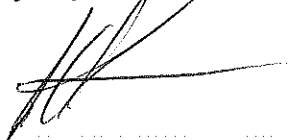
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Please see attached.

The Administrator will make a schedule that will reflect the staff persons responsible for ensuring that the supervision requirements indicated in the resident's assessments are being implemented. Administrator will review on quarterly basis the residents supervision plans and its implementation. Any required updates will be made. 7/25/19

A.A.A

Legal Entity Representative



Signature

Ian Monteith ED

Printed Name and Title

7/15/19

Date

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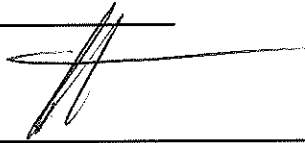
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Ian Monteith E.D.



Signature of Representative:

Date of Submission:

7/15/2019

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
23b	Immediate	All residents residing in the memory care unit will have constant supervision with line of sight monitoring at all times when outside of the secure dementia unit.
	7/12/2019	All secure dementia unit nurses and care managers will be required to attend a mandatory in-service on protocol.
	7/23/2019	All care plans will be reviewed for appropriate levels of supervision.
	10/18/2019	Trainings and policies to be reviewed at quarterly Quality Improvement meetings.

42v - Resident-Home Contract

Regulations

2600.

42.v. A resident has the right to receive services contracted for in the resident-home contract.

Description of Violation

On 08/06/2018 at 02:55 PM, resident #1 was seen outside of the building going up the driveway unattended. The home failed to provide supervision to resident #1, as contracted for in the resident-home contract.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Please see attached!

Legal Entity Representative

Signature 

Printed Name and Title Jan Moritz ED

Date 7/15/19

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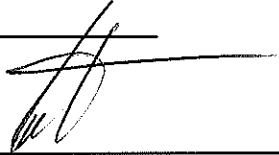
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Brandywine Living

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License Number: 144330
Inspection date(s): 29-May-19
Name and Title of Brandywine representative Signing the Plan of Correction:
Ian Monteith E.D.



Signature of Representative: _____
Date of Submission: 7/15/2019

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
42v	Immediate	All residents residing in the memory care unit will have constant supervision with line of sight monitoring at all times when outside of the secure dementia unit.
	7/12/2019	All secure dementia unit nurses and care managers will be required to attend a mandatory in-service on protocol.
	7/15/2019	Trainings and policies to be reviewed at quarterly Quality Improvement meetings.
	7/15/2019	Visitor signs to be posted outside of memory care floors reminding all visitors to be mindful of SDU regulations.

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 05/29/2019, the bedside lamp in resident bedroom #12 and #227 B was not working.

Plan of Correction (POC)

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Please see attached

Legal Entity Representative

Signature

Ian Monteith EO

Printed Name and Title

7/15/19

Date

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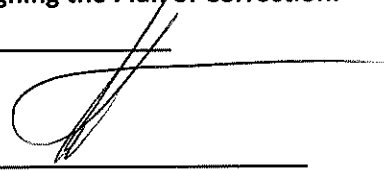
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Ian Monteith E.D.



Signature of Representative: _____
Date of Submission: 7/15/2019

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
101j7	7/12/2019	All lightbulbs in the community will be checked for failure.
	8/28/2019	All staff will be required to attend a mandatory in-service on new maintenance item reporting at monthly staff meeting.
	Monthly	Maintenance and housekeeping will check lightbulbs on monthly PMs.
	10/18/2019	Trainings and policies to be reviewed at quarterly Quality Improvement meetings.

231e - No Objection Statement

Regulations

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 08/01/2018. The home has no documentation that the resident has not objected to the admission.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Please see attached

On receiving this POC, the Administrator or a designee will review the record for all residents admitted to the SDCU for accuracy and to ensure compliance with the applicable regulations. The Administrator or a designee will develop a checklist that will prompt the need for the required regulatory information pertaining to residents being admitted to the SDCU to be documented. 7/25/19

AAA

Legal Entity Representative

[Handwritten Signature]

Signature

Jan Monteith

Printed Name and Title

7/15/19

Date

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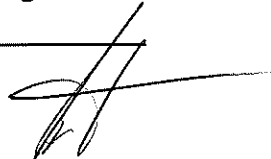
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Ian Monteith E.D.



Signature of Representative:

Date of Submission: 7/15/2019

Regulation	Target Date by Which Correction will be Completed	Plan of Correction
231e	Immediate	All resident charts in the secure dementia unit will be reviewed for resident signatures.
	7/12/2019	All wellness nurses will be required to attend a mandatory in-service on new protocol.
	Immediate	All resident admissions and care plans will require both a resident and designated person signature indefinitely.
	10/18/2019	Trainings and policies to be reviewed at quarterly Quality Improvement meetings.